(includes Reference to PCT International Applications) NUMBER	NUMBER
PHFR030033 US	PHFR030033 US

As a below named inventor, I h	nereby declare that:				
My residence, post office address and citizenship are as stated next to my name.					
plural names are listed below) entitled: Medical imaging system	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Medical imaging system and a method for segmenting an object of interest the specification of which (check only one item below):				
is attached hereto.					
☐ was filed as United States a	application				
Serial No					
on —		7,8 1 7 44 1 44 1 44 1			
and was amended					
on					
_					
was filed as PCT internation	nal application				
Number <u>PCT/IB2004/0009</u>	149		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
On _March 18, 2004					
and was amended under PCT	and was amended under PCT Article 19				
on			(if applicable).		
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.					
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with					
Title 37, Code of Federal Regulations, § 1.56(a).					
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:					
on the same subject matter have	ling a filing date before that of	the application(s) of which priority is cl	aimed:		
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 119:			
COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY		
		DAY, MONTH, YEAR	CLAIMED UNDER 35 USC 119		
FRANCE	0350072	27 MARCH 2003	YES		

Comb (includ	Imbined Declaration For Patent Application and Power of Attorney (Continued) Attorneys Docket Number PHFR030033 US				PHFR030033 US	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact						
all bus	all business in the Patent and Trademark Office connected therewith. (List name and registration number)					
Jack	E. Haken, Reg.	No. 26,902			Direct Teleph	
Micha	ael E. Marion, R	eg. No. 32,266			(name and te (914)332-0	lephone number)
Edwa	ard M. Blocker, F	Reg. No. 30,245			(314)332-0	,222
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME	L	SECOND GIVEN NAME
	INVENTOR	VILLAIN		Nicolas		
201	RESIDENCE &	CITY		STATE OR FOREIGN COU	NTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Clamart		France		France
	POST OFFICE ADDRESS	POST OFFICE ADDR 2, impasse de		92140 Clamart		STATE & ZIP CODE/COUNTRY France
		iardins	5 Hauts	32 140 Clainait		riance
	FULL NAME OF	FAMILY NAME	manufacture and the second	FIRST GIVEN NAME		SECOND GIVEN NAME
1 11 44	INVENTOR	COHEN-BACE	RIE	Claude		"
202	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COU		COUNTRY OF CITIZENSHIP
		NEW YORK POST OFFICE ADDR	F00	United States of A	America	France
	POST OFFICE ADDRESS	22 west 77 TH		10024 NEW YORK	(STATE & ZIP CODE/COUNTRY United States of
		Manhattan	3.1.00 1	100241121110111	•	America
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME
	INVENTOR	LAGRANGE		Jean-Michel		
203	RESIDENCE & CITIZENSHIP	CITY	- ANC	STATE OR FOREIGN COU	NTRY	COUNTRY OF CITIZENSHIP
		MOISSY CRAI		FRANCE		France
	POST OFFICE ADDRESS	43, place de li		77550 Moissy Cra	amavel	STATE & ZIP CODE/COUNTRY France
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME		
	INVENTOR	LEVRIER		Claire		SECOND GIVEN NAME RACE MARK
204	RESIDENCE &	CITY		STATE OR FOREIGN COU	NTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	RUEIL MALM		France		France RAMER
	POST OFFICE ADDRESS	POST OFFICE ADDR		92500 RUEIL MAL	MAISON	STATE & ZIP CODE/COUNTRY :: France
			in Edeille	92300 ROEIL WAL	IVIAISON	
	FULL NAME OF INVENTOR	FAMILY NAME ENTREKIN		FIRST GIVEN NAME		SECOND GIVEN NAME
205	RESIDENCE &	CITY		Robert STATE OR FOREIGN COU	NTRY	Randall COUNTRY OF CITIZENSHIP
203	CITIZENSHIP	KIRKLAND		United States of A		United States of
						America
	POST OFFICE ADDRESS	POST OFFICE ADDR		CITY		STATE & ZIP CODE/COUNTRY
	ADDITESS	8218 NE 115 Th	vvay	98034 KIRKLAND		United States of
	**					America
						nformation and belief are believed to be
						made are punishable by fine or nts may jeopardize the validity of the
	ation or any patent is					
SIGNA	TURE OF INVENT	OR 201	SIGNATURE O	F INVENTOR 202	SIGNAT	TURE OF INVENTOR 203
	N 200					
	SF(0) = -					
DATE	06 JUNE	2005.	DATE	/	DATE	
				E INDICATOR COS		
SIGNA	TURE OF INVENT	1 204	SIGNATURE OF	F INVENTOR 205		
	1	*				
	Ullac					
DATE	06 JUN	IE 2005.	DATE			

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHFR030033 US

As a below named inventor, I hereby declare that:					
My residence, post office address and citizenship are as stated next to my name.					
	of the subject matter which is and a method for segmenting an	name is listed below) or an original, fir claimed and for which a patent is soug object of interest			
is attached hereto.					
☐ was filed as United States a	application				
Serial No		. .			
on —					
and was amended					
on					
☑ was filed as PCT international application NumberPCT/IB2004/000949 OnMarch 18, 2004					
and was amended under PCT Article 19					
on (if applicable).					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:					
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:					
COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY		
000,411(1	, a la control nomber	DAY, MONTH, YEAR	CLAIMED UNDER 35 USC 119		
FRANCE	0350072	27 MARCH 2003	YES		
	<u> </u>				
	1				

(includ	les Reference to PC	on For Patent Application and Pow T International Applications)			Attorneys Docket Number PHFR030033 US
POW all bus	ER OF ATTORNE siness in the Patent	EY: As a named inventor, I hereby appoin and Trademark Office connected therewith	t the following attorney(s) and/ h. (List name and registration i	or agent(s) to pro number)	osecute this application and transact
Mich	E. Haken, Reg. ael E. Marion, R ard M. Blocker, I			Direct Telepho (name and tel (914)332-0	ephone number)
	FULL NAME OF INVENTOR	FAMILY NAME VILLAIN	FIRST GIVEN NAME Nicolas		SECOND GIVEN NAME
201	RESIDENCE & CITIZENSHIP	CITY Clamart	STATE OR FOREIGN COU France	INTRY	COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2, impasse des hauts jardins	92140 Clamart		STATE & ZIP CODE/COUNTRY France
	FULL NAME OF INVENTOR	FAMILY NAME COHEN-BACRIE	FIRST GIVEN NAME Claude		SECOND GIVEN NAME
202	RESIDENCE & CITIZENSHIP	NEW YORK	United States of		France
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 22 west 77 TH Street Manhattan	10024 NEW YORK	<	STATE & ZIP CODE/COUNTRY United States of America
	FULL NAME OF INVENTOR	FAMILY NAME LAGRANGE	FIRST GIVEN NAME Jean-Michel		SECOND GIVEN NAME
203	RESIDENCE & CITIZENSHIP	CITY MOISSY CRAMAYEL	STATE OR FOREIGN COUNTRY FRANCE		COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 43, place de liège	77550 Moissy Cr	amayel	STATE & ZIP CODE/COUNTRY France
	FULL NAME OF INVENTOR	FAMILY NAME LEVRIER	FIRST GIVEN NAME Claire		SECOND GIVEN NAME
204	RESIDENCE & CITIZENSHIP	RUEIL MALMAISON	STATE OR FOREIGN COU France	NTRY	COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 11 ter, rue Jean Edeline	92500 RUEIL MAL	MAISON	STATE & ZIP CODE/COUNTRY France
	FULL NAME OF INVENTOR	FAMILY NAME ENTREKIN	FIRST GIVEN NAME Robert		SECOND GIVEN NAME Randall
205	RESIDENCE & CITIZENSHIP	KIRKLAND	STATE OR FOREIGN COU United States of		COUNTRY OF CITIZENSHIP United States of America
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8218 NE 115 TH Way	98034 KIRKLAND		STATE & ZIP CODE/COUNTRY United States of America
true: a mpris applic	and further that these onment, or both, und ation or any patent is		ge that willful false statements tates Code, and that such willf	and the like so r ul false statemen	formation and belief are believed to be nade are punishable by fine or ats may jeopardize the validity of the
SIGN	ATURE OF INVENT		F INVENTOR 202	SIGNAT	TURE OF INVENTOR-203

DATE

DATE

DATE

DATE

DATE

DATE

SIGNATURE OF INVENTOR 205

DATE

SIGNATURE OF INVENTOR 205

DATE

DATE

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications) ATTORNEY NUMBER

ATTORNEY'S DOCKET NUMBER PHFR030033 US

As a below named inventor, I h	ereby declare that:				
My residence, post office addre	ess and citizenship are as sta	ted next to my name.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Medical imaging system and a method for segmenting an object of interest the specification of which (check only one item below):					
is attached hereto.					
was filed as United States a	application				
Serial No			<u>-</u>		
on ————					
and was amended					
on		72.7			
was filed as PCT internation	al application				
Number <u>PCT/IB2004/0009</u>	49	, , , , , , , , , , , , , , , , , , , 	w		
On _March 18, 2004					
and was amended under PCT	Article 19				
on			(if applicable).		
			•		
I hereby state that I have review claims, as amended by any am		ents of the above-identified specific	ation, including the		
I acknowledge the duty to discl Title 37, Code of Federal Regu		erial to the examination of this appli	cation in accordance with		
or inventor's certificate or of an States of America listed below any PCT international application	y PCT international applicatio and have identified below any on(s) designating at least one	States Code, § 119 of any foreign on (s) designating at least one count of foreign application(s) for patent or country other than the United States of the application(s) of which priority	ry other than the United inventor's certificate or es of America filed by me		
,					
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIOR	ITY CLAIMS UNDER 35 U.S.C. 11	9:		
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119		
FRANCE	0350072	27 MARCH 2003	YES		

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

Attorneys Docket Number PHFR030033 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

		T		L 0 = 0 0 1 = 0 1
	FULL NAME OF INVENTOR	FAMILY NAME VILLAIN	FIRST GIVEN NAME Nicolas	SECOND GIVEN NAME
201	RESIDENCE & CITIZENSHIP	CITY Clamart	STATE OR FOREIGN COUNTRY France	COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2, impasse des hauts jardins	92140 Clamart	STATE & ZIP CODE/COUNTRY France
	FULL NAME OF INVENTOR	FAMILY NAME COHEN-BACRIE	FIRST GIVEN NAME Claude	SECOND GIVEN NAME
202	RESIDENCE & CITIZENSHIP	CITY NEW YORK	STATE OR FOREIGN COUNTRY United States of America	COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 22 west 77 TH Street Manhattan	10024 NEW YORK	STATE & ZIP CODE/COUNTRY United States of America
	FULL NAME OF INVENTOR	FAMILY NAME LAGRANGE	FIRST GIVEN NAME Jean-Michel	SECOND GIVEN NAME
203	RESIDENCE & CITIZENSHIP	MOISSY CRAMAYEL	STATE OR FOREIGN COUNTRY FRANCE	COUNTRY OF CITIZENSHIP France
*•	POST OFFICE ADDRESS	POST OFFICE ADDRESS 43, place de liège	77550 Moissy Cramayel	STATE & ZIP CODE/COUNTRY France
	FULL NAME OF INVENTOR	FAMILY NAME LEVRIER	FIRST GIVEN NAME Claire	SECOND GIVEN NAME
204	RESIDENCE & CITIZENSHIP	RUEIL MALMAISON 45	STATE OR FOREIGN COUNTRY France	COUNTRY OF CITIZENSHIP France
П	POST OFFICE ADDRESS	POST OFFICE ADDRESS 11 ter, rue Jean Edeline	92500 RUEIL MALMAISON	STATE & ZIP CODE/COUNTRY France
	FULL NAME OF INVENTOR	FAMILY NAME ENTREKIN	FIRST GIVEN NAME Robert	SECOND GIVEN NAME Randall
205	RESIDENCE & CITIZENSHIP	KIRKLAND	STATE OR FOREIGN COUNTRY United States of America	COUNTRY OF CITIZENSHIP United States of America
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8218 NE 115 TH Way	98034 KIRKLAND	STATE & ZIP CODE/COUNTRY United States of America

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE 06 JUNE 2005
		00 3000 00,00
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR-205	
· ·		7
		:
DATE	DATE	
		J

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHFR030033 US

As a below named inventor, I	hereby declare that:		-			
My residence, post office add	fress and citizenship are as sta	ated next to my name.				
plural names are listed below entitled: Medical imaging syste	believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if olural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Medical imaging system and a method for segmenting an object of interest he specification of which (check only one item below):					
is attached hereto.						
was filed as United States	application					
Serial No						
on —————						
and was amended						
on						
5						
was filed as PCT internation						
Number <u>PCT/IB2004/000</u>)949					
On _March 18, 2004						
and was amended under PC	「Article 19					
on		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(if applicable).			
claims, as amended by any a	mendment referred to above.	ents of the above-identified specificates erial to the examination of this applic				
Title 37, Code of Federal Reg		enal to the examination of this applic	cation in accordance with			
or inventor's certificate or of a States of America listed below any PCT international applica	iny PCT international application and have identified below an ution(s) designating at least one	I States Code, § 119 of any foreign a con(s) designating at least one country foreign application(s) for patent or a country other than the United State of the application(s) of which priority	ry other than the United inventor's certificate or es of America filed by me			
PRIOR FOREIGN/PCT APPL	ICATION(S) AND ANY PRIOF	RITY CLAIMS UNDER 35 U.S.C. 11	9:			
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119			
FRANCE	0350072	27 MARCH 2003	YES			
						

Com	bined Declaration les Reference to PC	on For Patent Applic T International Application	ation and Pow ons)	ver of Attorney (Continue	ed)	PHFR030033 US
POW	ER OF ATTORNE	Y: As a named inventor	, I hereby appoint	t the following attorney(s) and/ h. (List name and registration r	or agent(s) to pr number)	osecute this application and transact
Mich	E. Haken, Reg. ael E. Marion, R ard M. Blocker, I				Direct Teleph (name and tel (914)332-0	lephone number)
	FULL NAME OF INVENTOR	FAMILY NAME VILLAIN		FIRST GIVEN NAME Nicolas	<u> </u>	SECOND GIVEN NAME
201	RESIDENCE & CITIZENSHIP	CITY Clamart		STATE OR FOREIGN COU France	NTRY	COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDRI 2, impasse de jardins		92140 Clamart		STATE & ZIP CODE/COUNTRY France
	FULL NAME OF INVENTOR	FAMILY NAME COHEN-BACE	lE.	FIRST GIVEN NAME Claude		SECOND GIVEN NAME
202	RESIDENCE & CITIZENSHIP	NEW YORK		STATE OR FOREIGN COU United States of		COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDRI 22 west 77 TH Manhattan		10024 NEW YORK	(STATE & ZIP CODE/COUNTRY United States of America
	FULL NAME OF INVENTOR	FAMILY NAME LAGRANGE	. (CHANGE - 10)	FIRST GIVEN NAME Jean-Michel		SECOND GIVEN NAME
203	RESIDENCE & CITIZENSHIP	MOISSY CRAIN	MAYEL	STATE OR FOREIGN COU FRANCE	NTRY	COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDRI 43, place de li		77550 Moissy Cra	amayel	STATE & ZIP CODE/COUNTRY France
	FULL NAME OF INVENTOR	FAMILY NAME LEVRIER	<i>:</i> ,	FIRST GIVEN NAME Claire	1775	SECOND GIVEN NAME
204	RESIDENCE & CITIZENSHIP	RUEIL MALMA		STATE OR FOREIGN COU France	NTRY	COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDRI		92500 RUEIL MAL	MAISON	STATE & ZIP CODE/COUNTRY France
	FULL NAME OF INVENTOR	FAMILY NAME ENTREKIN		FIRST GIVEN NAME Robert		SECOND GIVEN NAME Randall
205	RESIDENCE & CITIZENSHIP	KIRKLAND		STATE OR FOREIGN COUL United States of A		United States of America
	POST OFFICE ADDRESS	8218 NE 115 TH		98034 KIRKLAND		STATE & ZIP CODE/COUNTRY United States of America
true: a	nd further that these	e statements were made der section 1001 if Title 1	with the knowledg	ge that willful false statements	and the like so r	formation and belief are believed to be made are punishable by fine or nts may jeopardize the validity of the
SIGNA	ATURE OF INVENT	OR 201	SIGNATURE O	F INVENTOR 202	SIGNAT	TURE OF INVENTOR 203
DATE			DATE		DAŢĘ/	
	ATURE OF INVENT	OR 204		F INVENTOR 205		
			Roberto	R. Estal-		
DATE			DATE 06	JUNE 2005		- !

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I here 37 CF	by revoke all p R 3.73(b).	previous powers of attorney	given in the applic	cation identified in	the attached state	ment under
Ihere	by appoint:					
		ciated with the Customer Number:	247	737		
~°						
י עו	Practitioner(s) nar	ned below (if more than ten patent	practitioners are to be	named, then a custom	ner number must be us	ed):
		Name	Registration Number	Nan	ne	Registration
			Number			Number
[
any ark	i an paterit applica) to represent the undersigned befo ations assigned only to the undersig coordance with 37 CFR 3.73(b).	re the United States P gned according to the	atent and Trademark (USPTO assignment re	Office (USPTO) in conr cords or assignment do	ection with ocuments
Please	change the corres	spondence address for the applicat	ion identified in the att	ached statement under	r 37 CFR 3.73(b) to:	
_						
لکا	The address as	sociated with Customer Number:	2473	7		
OR	irm or					
Addres	ndividual Name					
City			State		Zip	
Counti	y					
Teleph	опе			Fax		
Acciano	e Name and Addi					
Assigne	e name and Addi	ess.				
				IPS ELECTRO	ONICS N.V.	
			woudseweg	ı n, The Netl	herlands	
A copy	of this form t	ogether with a statement und				
mea in	each applicati	on in which this form is used	. The statement u	nder 37 CFR 3.73(t	n) may be complete	d by one of
and mu	st identify the	ointed in this form if the appo application in which this Pov	inted practitioner in ver of Attorney is t	is authorized to actorized to actorized to actorized to actorized to actorize the actorized the actorized to actorize the actorized the acto	t on behalf of the a	ssignee,
		SIGNAT	URE of Assignee of	Record		
		lividual whose signal are and title i	s supplied below is at	thorized to act on beh		
Signatur	7	maye. Mi	un	Da	te 14 Januar	y 2005
Name	Michae			Tel	lephone (914) 3	33-9637
Title	Author	ized Representat	ive			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

10/550344 JC14 Rec'd PCT/PTO 22 SEP 2005

PTO/SB/96 (08-03)
Approved for use through 07/31/2006, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: Koninklijke Philips Electronics N.V.
Application No./Patent No.: Concurrently Filed/Issue Date: Concurrently
Entitled: MEDICAL IMAGING SYSTEM AND A METHOD FOR SEGMENTING AN OBJECT OF INTEREST
Koninklijke Philips Electronics N.V. , a corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is: 1. ☑ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is ——————————————————————————————————
A. [] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
OR
B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:
From: To: To: The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
2. From: To:
The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
3. From: To: To: The document was recorded in the United States Patent and Trademark Office at
Reel, Frame, or for which a copy thereof is attached.
[] Additional documents in the chain of title are listed on a supplemental sheet.
[] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. John Voddhija, Reg. 86,299
Date Typed or printed name (914) 333-9627
Telephone number Signature
. Corporate Counsel
Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.